

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK**

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**DISH NETWORK LLC**

**Plaintiff**

**Case No.18cv3857**

**Vs.**

**GOYAL GROUP INC. and CHANDRA GOYAL  
D/b/a Goyal Group, RANA TECHNOLOGY INC., and  
MOHAMMAD RANA d/b/a Family Phone, ABC1 NYC INC.  
and SONAM SANGPO d/b/a ABC Wireless NYC,**

**Defendants**

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**DEFENDANTS'S RESPONSE TO PLAINTIFF SUPOENA ATTACHMENT A REQUEST  
FOR PRODUCTION OF DOCUMENTS**

1. Documents sufficient to identify each business and entity involved in television products or services, whether incorporated,, limited liability companies, partnerships, sole proprietorships, or fictitious, that you have held ownership in, operated, managed, or have been affiliated with at any time between June 2011 to present.

**RESPONSE**

**THE DEFENDANT DOESNT HAVE ANY DOCUMENTS AND AGREEMENT FOR  
TELIVISION PRODUCTS OR SERVICES. THE DEFENDANT SOLD FREE CHANNEL  
IP BOXES TO WALKIN CUSTOMERS. DEFENDANT SOLD CASH AND DOES NOT  
HAVE ANY RECEIPT.**

2. Documents sufficient to identify the titles or positions and job responsibilities that you have held with each business and entity identified in response to Request for Production No.

1.

**RESPONSE**

**DEFENDANT MOHAMMAD RANA WAS THE OWNER OF THE  
CORPORATION RANA TECHNOLOGY INC. HE WAS THE MANAGER**

**AND THE SOLE PERSON WORKING IN THE STORE. DEFENDANT DOES NOT HAVE ANY DOCUMENT TO SHOW THAT BECAUSE DEFENDANT WAS THE OWNER OF THE STORE AND HE WAS WORKING ALONE IN THE STORE. DEFENDANT DID NOT HAVE ANY EMPLOYEE WORKING FOR HIM. DEFENDANT RANA TECHNOLOGY INC. FILING RECEIPT IS ATTACHED HEREWITH WHICH SHOWS THAT THE MOHAMMAD RANA IS THE RESGISTERED AGENT OF THE COROPRATION. PLEASE SEE EXHIBIT 1 RANA TECNOLOGY INC FILING RECEIPT.**

3. Documents sufficient to identify each domain name and website that you registered, held ownership in, paid for, operated, or controlled at any time between June 5, 2015 to present.

**RESPONSE:**

**DEFENDANTS DO NOT HAVE ANY DOMAIN NAME AND WEBSITE BETWEEN JUNE 5, 2015 TILL PRESENT.**

4. All documents, including emails that you exchanged with Shava.

**RESPONSE:**

**DEFENDANTS DON'T HAVE ANY DOCUMENTS WITH SHAVA OR EMAIL COMMUNICATION WITH SHAVA BECAUSE DEFENDANT ALWAYS COMMUNICATED WITH SHAVA ON PHONE.**

5. Documents sufficient to identify each Protected Channel that was transmitted on the Shava TV Service, and the time period during which each channel was transmitted.

**RESPONSE:**

**AS PER DEFENDANTS KNOWLEDGE SHAVA DOES NOT TRANSMIT PROTECTED CHANNEL. THERE IS NO SUCH DOCUMENTS IN DEFENDANTS POSSESSION.**

6. All documents, including any contracts, agreements, or payments, concerning your right or authorization to transmit or provide access to the Protected Channels.

**RESPONSE:**

**DEFENDANTS DON'T HAVE ANY RIGHTS OR AUTHORIZATION TO TRANSMIT OR PROVIDE ACCESS TO PROTECTED CHANNEL. DEFENDANTS DON'T HAVE ANY CONTRACTS AND AGREEMENTS WITH ANY ONE TO TRANSMIT OR PROVIDE ACCESS TO THE PROTECTED CHANNEL. DEFENDANT DO NOT TRANSMIT OR PROVIDE ACCESS TO PROTECTED CHANNEL.**

7. Cease and desist letters, infringement notifications, educational or informative documents, and other documents requesting or warning you to stop selling, distributing, providing, or promoting the Shava Box, Shava TV Service, or any other product or service that provides video programming, including subsequent communications between you and any person pertaining to that correspondence, notice, request, or warning.\

**RESPONSE:**

**DEFENDANTS RECEIVED SUMMONS FROM PLAINTIFF REGARDING THIS ACTION THAT'S THE NOTICE DEFENDANT RECEIVED.**

8. Documents sufficient to identify each advertisement for the Shava TV Service and Shava Box that was made by you, by someone acting on your behalf, or which you paid for either in whole or in part.

**RESPONSE:**

**THE DEFENDANT NEVER ADVERTIZED FOR THE SHAVA TV SERVICES OT SHAVA BOX AND PAID FOR ADVERTIZEMENT IN WHOLE OR IN PART TO ANY ONE.**

9. All documents, including emails and texts, exchanged between you and actual or potential customers of the Shava TV Service and Shava Box concerning the Protected Channels.

**RESPONSE:**

**THE DEFENDANTS DO NOT HAVE ANY DOCUMENTS, EMAILS AND**

**TEXTS EXCHANGED BETWEEN ANY ACTUAL OR POTENTIAL CUSTOMERS OF THE SHAVA TV SERVICES AND SHAVA BOXES CONCERNING THE PROTECTED CHANELLE. THE SHAVA DOES SELL PROTECTED CHANELL. THE DEFENDFANTS DOES NOT SELL PROTECTED CHANNEL. .**

10. All documents, including emails and texts, exchanged between you and actual or potential customers of the Shava TV Service or Shava Box concerning the addition or removal of channels from the Shava TV Service.

**RESPONSE:**

**THE DEFENDANTS DO NOT HAVE ANY KNOWLEDGE OR HAVE ANY DOCUMENTS , EMAILS AND TEXTS EXCHANGED BETWEEN ANY ACTUAL OR POTENTIAL CUSTOMERS OF THE SHAVA TV SERVICES AND SHAVA BOXES CONCERNING THE ADDITION OR REMOVAL OF CHANNELS FROM TV SERVICES.**

11. All documents concerning your use of the Shava TV Service or Shava Box.

**RESPONSE:**

**THE DEFENDANTS SOLD SHAVA TV SERVICES BY PAY PAL. THE DEFENDANTS ARE PROVIDING PAYPAL RECEIPT ATTACHED HEREWITH. YOU CAN ALSO GET THIS INFORMATION FROM PAYPAL ACCOUNT. THE DEFENDANTS DO NOT HAVE ANY DOCUMENTS SHOWING SALE OF SHAVA BOXES BECAUSE THE DEFENDANT BOUGHT THOSE SHAVA BOXES FROM LOCAL SHAVA SELLERS, AND SOLD TO HIS WALKING CUSTOMERS CASH. PLEASE SEE PAYPAL RECEIPT EXHIBIT 2.**

12. All documents concerning efforts you made to ensure that the Protected Channels are not transmitted on the Shava TV Service, or otherwise accessed using the Shava Box.

**RESPONSE:**

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## RESPONSE

THE DEFENDANTS DON'T HAVE ANY KNOWLEDGE OF SUCH EFFORTS NOR THE ANY DOCUMENTS IN HIS POSSESSION REGARDING PROTECTED CHANNEL. AS PER DEFENDANT'S KNOWLWDGE SHAVA TV SERVICES DOES NOT TRANSMIT OR PROVIDE PROTECTED CHANNEL.

13. All documents concerning unfavorable comments, reviews, or criticisms about the Shava TV Service or Shava Box.

RESPONSE; THE DEFENDANTS DOES NOT HAVE ANY KNOWLEDGE AND INFORMATION ABOUT UNFAVARABLE REVIEWS OR CRITICISM OR COMMENTS ABOUT SHAVA TV SERVICES OR SHAVA BOX.

14. All documents that reference both (a) the Shava TV Service or Shava Box and (b) the Protected Channels.

RESPONSE: (a) DEFENDANT IS SUBMITTING SHAVA TV SERVICES RECEIPTS THROUGH PAY PAL. PLEASE SEE EXHIBIT 2.

(b) THE DEFENDANT HAS NO DOCUMENTS ABOUT PROTECTED CHANNELS.

15. Documents sufficient to identify each social media account, including Face book, Twitter, and LinkedIn, that you registered or used at any time.

RESPONSE: THE DEFENDANT RANA TECHNOLOGY INC. AND DBA FAMILY PHONE HAS NO SOCIAL MEDIA ACCOUNT.

THE DEFENDANT MOHAMMAD RANA INDIVIDUAL HAS ONLY FACEBOOK SOCIAL MEDIA ACCOUNT WHICH IS SOLEY HIS PERSONAL ACCOUNT. THE ADDRESS OF HIS FACEBOOK ACCOUNT IS MOHAMMADRANA. THE DEFENDANT HAS NO OTHER SOCIAL MEDIA ACCOUNT ANY WERE. INTERNET PRINT OF MOHAMMAD RANA FACEBOOK ACCOUNT IS ATTACHED HEREWITH AS EXHIBIT 3.

16. Documents sufficient to identify all posts made by any person to your social media pages, including Face book, Twitter, and LinkedIn, concerning the Shava TV Service or Shava Box.

**RESPONSE:**

**THE DEFENDANT RANA TECHNOLOGY INC. DOES NOT HAVE ANY SOCIAL MEDIA ACCOUNT.**

**THE DEFENDANT MOHAMMAD RANA HAS ONLY ONE SOCIAL MEDIA ACCOUNT. THIS IS FACE BOOK ACCOUNT. THE DEFENDANT HAS NOT POSTED ANYTHING ON HIS FACEBOOK REGARDING SHAVA TV SERVICES AND SHAVA BOX. INTERNET PRINT OF MOHAMMAD RANA FACEBOOK ACCOUNT IS ATTACHED HEREWITH AS EXHIBIT 3.**

17. Documents sufficient to identify all posts that you made to any social media page, including, Facebook, Twitter, and LinkedIn, concerning Shava TV Service or Shava Box.

**RESPONSE:**

**THE DEFENDANT RANA TECHNOLOGY INC. DOES NOT HAVE ANY SOCIAL MEDIA ACCOUNT.**

**THE DEFENDANT MOHAMMAD RANA HAS ONLY ONE SOCIAL MEDIA ACCOUNT. THIS IS FACE BOOK ACCOUNT. THE DEFENDANT HAS NOT POSTED ANYTHING ON HIS FACEBOOK REGARDING SHAVA TV SERVICES AND SHAVA BOX. INTERNET PRINT OF MOHAMMAD RANA FACEBOOK ACCOUNT IS ATTACHED HEREWITH AS EXHIBIT 3.**

18. Documents sufficient to identify all posts made by any person to your social media pages, including Face book, Twitter, and LinkedIn, concerning the Protected Channels.

**RESPONSE:**

**THE DEFENDANT RANA TECHNOLOGY INC. DOES NOT HAVE ANY SOCIAL MEDIA ACCOUNT.**

**THE DEFENDANT MOHAMMAD RANA HAS ONLY ONE SOCIAL MEDIA ACCOUNT. THIS IS FACE BOOK ACCOUNT. THE DEFENDANT HAS NOT POSTED ANYTHING ON HIS FACEBOOK REGARDING PROTECTED CHANNEL. INTERNET PRINT OF MOHAMMAD RANA FACEBOOK ACCOUNT IS ATTACHED HEREWITH AS EXHIBIT 3.**

19. Documents sufficient to identify all posts that you made to any social media page, including, face book, Twitter, and LinkedIn, concerning the Protected Channels.

**RESPONSE:**

**THE DEFENDANT RANA TECHNOLOGY INC. DOES NOT HAVE ANY SOCIAL MEDIA ACCOUNT.**

**THE DEFENDANT MOHAMMAD RANA HAS ONLY ONE SOCIAL MEDIA ACCOUNT. THIS IS FACE BOOK ACCOUNT. THE DEFENDANT HAS NOT POSTED ANYTHING ON HIS FACEBOOK REGARDING PROTECTED CHANNEL. . INTERNET PRINT OF MOHAMMAD RANA FACEBOOK ACCOUNT IS ATTACHED HEREWITH AS EXHIBIT 3.**

20. All documents concerning your receipt of information about DISH's lawsuit against Shava.

**RESPONE: THE DEFENDANTS DOES NOT HAVE ANY DOCUMENTS OR RECIOP OF INFORMATION ABOUT DISH'S LAW SUIT AGAINST SHAVA. THE ONLY DOCUMENTS THE DEFENDANT HAVE IS THE SUMMONS HE RECEIVED IN THE INSTANT CASE**

21. All documents concerning your receipt of information about any person's alleged rights in the Protected Channels.

**RESPONSE:**

## RESPONSE

**THE DEFENDANTS DOES NOT HAVE ANY DOCUMENTS REGARDING THE ALLEGED RIHTS IN THE PROTECTED CHANNEL.**

22. All documents concerning your receipt of information alleging that the Protected Channels or the programs airing on those channels were transmitted on the Shava TV Service.

### **RESPONSE:**

**THE DEFENDANTS HAVE NO DOCUMENTS OR INFORMATION THAT ALLEDGEING THE PROTECTED CHASNNELS OR PROGAMMS AIRING ON THISE CHANNELS WERE TRANSMITTED ON THE SHAVA TV SERVICES. .**

23. All documents, including any contracts, agreements, or payments, concerning your purchase or sale of Rana Technology Inc. or any of its assets or stock.

**THE DEFENDANT MOHAMMAD RANA IS THE OWNER OF RANA TECHNOLOGY INC. THE CORPOARATION FILING RECIEPPT IS ATTACHED HEREWITH AS EXHIBIT1. THE RANA TECNOLOGY INC SOLD HIS ASSESSTS WHICH WAS TELEPHONE ACCESSORY AMOUNTING \$5000 TO ALI HASSAN IN JUNE 2018 ALL CASH WHICH WAS PAID TO THE DEFENDAMT MOHAMMAD RANA IN CASH. THERE IS NO PAPERWORK OF THE SALE OF THE ASSETS. THE DEFENDANT CLOSED HIS CORPORATION IN JUNE 2018 AND SOLD ITS ASSETS IN JUNE 2018. THE DEFENDANT IS NOT INVOLDED IN THIS BUSINESS ANY MORE SINCE JUNE 20, 2018.**

24. All documents concerning any dissolution or request to dissolve Rana Technology Inc.

### **RESPONSE:**

**THE DEFENDANT RANA TECNOLOGY INC WAS DISSOLVED ON JUNE 20, 2018. QUARTERLY ST-100 SHOWING THAT THE RANA TECNOLOGY INC WAS DISSOLVE IS ATTACHED HEREWITH AS EXHIBIT 4.**



25. Documents sufficient to identify your familial and business relationship with Mohammad Rana.

**RESPONSE:**

**MOHAMMAD RANA IS SELF EMPLOYED. HE WAS INVOLVED IN THE BUSINESS OF SALE OF ELECTRONICS AND TELEPHONE ACCESSORIES AS THE OWNER AND MANAGER OF THE CORPORATION RANA TECNOLIGY INC. CORPORATION FILING RECEIPT IS ATTACHED HEREWITH AS EXHIBIT 1.**

**CORPORATION RANA TECHNOLOGY INC. STATEMENT IS ATTACHED HEREWITH AS EXHIBIT 5.**

26. Documents identifying all assets transferred to you from Mohammad Rana, Rana Technology Inc., or an entity associated with Mohammad Rana.

**RESPONSE:**

**SALE OF ASSET OF RANA TECNOLGY INC.**

**THERE IS NO DOCUMENTS OF SALE OF ASSESTS. THE DEFENDANT MOHAMMAD RANA AS AN OWNER OF RANA TECNOLGY INC. SOLD ITS ASSET TELEPHONE ACCESSORY WORTH \$5000 IN CASH TO ALI HASSAN. WITHOUT ANY WRITTEN AGREEMENT. THE DEFENDANT MOHAMMAD RANA WAS PAID IN CASH \$5000 BY ALI HASAN FOR SALE OF TELEPHONE ACCESSORY OF THE RANA TECNOLGY INC.**

**ENTITY ASSOCIATED WITH MOHAMMAD RANA SPICE RESTAURANT INC. IN CONNECTICUIT.**

**MOHAMMAD RANA IS SLEEPING PARTNER IN RESTAURANT BUSINESS "SPICE RESTAURANT INC." THE DEFENDANT MOHAMMAD RANA IS PAID \$19,000.00 ANNUALLY FROM THIS BUSINESS.**

**MR. RANA PERSONAL TAX RETURN AS SELF EMPLOYED IS ATTACHED HEREWITH AS EXHIBIT 6.**

ENTITY NAME - BILLU BARBER CORP EXHIBIT 7.  
BILLU BARBER CORP Filing receipt -  
9

Billu Barber Corp is now closed.

**MR. RANA BANK STATEMENT IS ATTACHED HEREWITH AS EXHIBIT 8.**

27. Documents identifying all assets that you transferred to Mohammad Rana, Rana Technology Inc., or an entity associated with Mohammad Rana

**RESPONSE:**

**SALE OF ASSET OF RANA TECNOLOGY INC.**

**THERE IS NO DOCUMENTS OF SALE OF ASSESTS. THE DEFENDANT MOHAMMAD RANA AS AN OWNER OF RANA TECNOLOGY INC. SOLD ITS ASSET TELEPHONE ACCESSORY WORTH \$5000 IN CASH TO ALI HASSAN. WITHOUT ANY WRITTEN AGREEMENT. THE DEFENDANT MOHAMMAD RANA WAS PAID IN CASH \$5000 BY ALI HASAN FOR SALE OF TELEPHONE ACCESSORY OF THE RANA TECNOLOGY INC.**

**ENTITY ASSOCIATED WITH MOHAMMAD RANA SPICE RESTAURANT INC. IN CONNECTICUIT.**

**MOHAMMAD RANA IS SLEEPING PARTNER IN RESTAURANT BUSINESS "SPICE RESTAURANT INC." THE DEFENDANT MOHAMMAD RANA IS PAID \$19,000.00 ANNUALLY FROM THIS BUSINESS.**

**MR. RANA PERSONAL TAX RETURN AS SELF EMPLOYED IS ATTACHED HEREWITH AS EXHIBIT 6.**

28. Documents sufficient to identify your revenues, costs, and gross profits relating to the Shava TV Service and Shava Box.

**RESPONSE:**

**THE DEFENDANT IS SUBMITTING PAYPAL RECEIPTS. PLEASE SEE PAYPAL RECEIPT EXHIBIT 2.**

**CORPORATION RANA TECHNOLOGY INC. STATEMENT IS ATTACHED HEREWITH AS EXHIBIT 5.**

29. All invoices, purchase orders, and receipts concerning your purchase of Shava Boxes.

**RESPONSE:**

**THE DEFENDANT HAS NO DOCUMENTS TO SHOW THE PURCHASE OF SHAVA DOCUMENTS.**

30. All financial account statements and checks concerning your purchase of Shava Boxes.

**RESPONSE:**

**THE DEFEDANTS DOES NOT POSSESS ANY FINANCIAL STATEMENTS AND CHECKS CONCERNING ALLEGED PURCHASE OF SHAVA BOXES. SHAVA BOXES HAS BEEN BOUGHT CASH BY LOCAL DEALER AND SOLD CASH TO WALKING CUSTOMERS.**

31. Documents sufficient to identify each type of Shava Box that you acquired or distributed.

**RESPONSE: THE DEFENDANT IS NOT IN POSSESSION OF THESE DOCUMENTS.**

32. Documents sufficient to identify the total number of each type of Shava Box that you acquired or distributed.

**RESPONSE:**

**THE DEFENDANT IS NOT IN POSSESSION OF THESE DOCUMENTS.**

33. Documents sufficient to identify all costs that you incurred to acquire and distribute each type of Shava Box.

**RESPONSE:**

**THE DEFENDANT IS NOT IN POSSESSION OF THESE DOCUMENTS.**

34. All invoices, purchase orders, and receipts concerning your sale of Shava Boxes.

**RESPONSE:**

**THE DEFENDANT IS NOT IN POSSESSION OF THSES DOCUMENTS OR**

**INVOICES OR RECEIPTS.**

35. All financial account statements and checks concerning your sale of Shava Boxes.

**RESPONSE:**

**THE DEFENDANT IS NOT IN POSSESSION OF DOCUMENTS AND FINANCIAL STATEMENTS AND CHECKS OF THE SALE OF SHAVA BOXES.**

36. Documents sufficient to identify each payment that you received from your sale of each type of Shava Box.

**RESPONSE:**

**THE DEFENDANT IS NOT IN POSSESSION OF DOCUMENTS RECEIVED FROM THE ALLEGED SALE OF SHAVA BOXES**

37. Documents sufficient to identify each source or supplier of each type of Shava Box that you acquired or distributed.

**RESPONSE:**

**THE DEFENDANT IS NOT IN POSSESSION OF ANY SUCH DOCUMENTS FROM THE SUPPLIER OF SHAVA BOXES ACQUIRED OR DISTRIBUTED.**

38. Documents sufficient to identify each payment that you made to each source or supplier from which you acquired each type of Shava Box.

**RESPONSE:**

**THE DEFENDANT IS NOT IN POSSESSION OF ANY SUCH DOCUMENTS FROM THE SUPPLIER OF SHAVA BOXES ACQUIRED OR DISTRIBUTED.**

39. All documents concerning actual or potential uses of each type of Shava Box.

**RESPONSE:**

**THE DEFENDANT IS NOT IN POSSESSION OF ANY DOCUMENTS CONCERNING ACTUAL OR POTENTIAL USE OF EACH TYPE OF SHAVA BOXES.**

40. All documents, including emails, that you exchanged with each supplier or source from which you acquired each type of Shava Box.

**RESPONSE:**

**THE DEFENDANT IS NOT IN POSSESSION OF ANY SUCH DOCUMENTS.**

**THE DEFENDANTS DID NOT COMMUNICATE VIA EMAIL WITH THE  
SUPPLIER OF SHAVA BOXES. THE DEFENDANT PURCHASED SHAVA  
BOXES BY LOCAL DEALERS PERSONALLY BY PAYING CASH.**

Dated: 2/1/2019  
Queens, New York



**MADHUREEMA GUPTA, ESQ.  
ATTORNEY FOR THE DEFENDANTS  
RANA TECHNOLOGY INC., and  
MOHAMMAD RANA d/b/a Family Phone  
37-11 74 Street, Suite 201,  
Jackson Hts, NY 11377  
Tel: 917-842-2246  
Fax: 718-478-6579**

To  
Plaintiff Attorneys

James T. Sanders  
Skarzynski, Black, LLC  
One Battery Plaza, 32<sup>nd</sup> floor,  
New York, NY 10004  
Tel; 212-820-7700  
Fax 212-820-7740

Stephen M. Ferguson  
Hagan Noll & Boyle, LLC  
Two memorial City Plaza  
820 Gessner, Suite 940  
Houston, TX 77024  
Telephone # 713-343-0478  
Fax# 718-758-0146

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VERIFICATION

STATE OF NEW YORK


SS.:

COUNTY OF QUEENS

I, MOHAMMAD RANA, PRESIDENT OF RANA TECHNOLOGY INC., and  
D/b/a Family Phone, being duly sworn, deposes and says:


I am the defendant in the within action; I have read the foregoing response to Supoena  
Attachment A, Request for production of document and know the contents thereof and  
and the same is true to my own knowledge except as those matters alleged to be upon  
information and belief, and that as to those matters, I believe them to be true.

RANA TECHNOLOGY, INC

  
\_\_\_\_\_  
MOHAMMAD RANA,  
PRESIDENT

Sworn to before me on this

1<sup>st</sup> Day of February, 2019

  
\_\_\_\_\_

Notary public

MADHUREEMA GUPTA  
Notary Public State of New York  
NO 02606116799  
Qualified in Queens  
County.

15 Commission Expires on  
11/14/2020

VERIFICATION

STATE OF NEW YORK

SS.:

COUNTY OF QUEENS

I, MOHAMMAD RANA being duly sworn, depose and say:

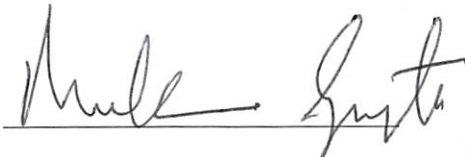
I am the defendant in the within action; I have read the foregoing response to Supoena Attachment A, Request for production of document and know the contents thereof and the same is true to my own knowledge except as those matters alleged to be upon information and belief, and that as to those matters, I believe them to be true.



MOHAMMAD RANA

Sworn to before me on this

1<sup>st</sup> Day of February 2019



Notary public

MADHUREKA Gupta  
Notary Public State of New York  
No 02606116-799  
16 Qualified in Queens County  
Commission Expires 11/19/2020

EXHIBIT 1

Corporation Filing Receipt



NEW YORK STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

## FILING RECEIPT

=====

ENTITY NAME: RANA TECHNOLOGY INC.

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS)

COUNTY: QUEEN

SERVICE COMPANY: \*\* NO SERVICE COMPANY \*\*

SERVICE CODE: 00

=====

FILED:08/24/2004 DURATION:PERPETUAL CASH#:040824000640 FILM #:040824000640

## ADDRESS FOR PROCESS

EXIST DATE

-----

MOHAMMAD A RANA  
83-42 159TH STREET  
JAMAICA, NY 11432

-----

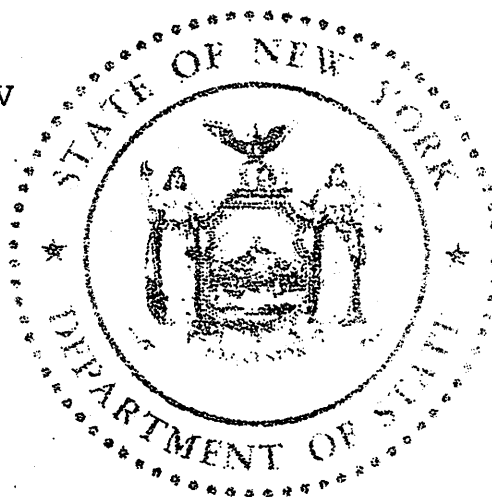
08/24/2004

## REGISTERED AGENT

-----

MOHAMMAD A. RANA  
83-42 159TH STREET  
JAMAICA, NY 11432

STOCK: 200 NPV



## FILER

## FEES

220.00

## PAYMENTS

220

-----

SHAHID M. QURESHI  
187-35 HILLSIDE AVE #5 H  
JAMAICA, NY 11432

## FILING

125.00

## CASH

0

## TAX

10.00

## CHECK

0

## CERT

0.00

## CHARGE

220

## COPIES

10.00

## DRAWDOWN

0

## HANDLING

75.00

## BILLED

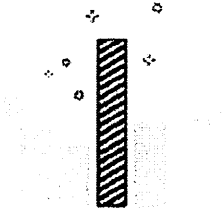
0

## REFUND

0

EXHIBIT 2

Pay Pal



### Shopper Insights helps you learn more about your PayPal shoppers

PayPal can analyze your website traffic and provide insights about your PayPal shoppers and their behavior.

[Get Started](#)

#### Recent activity

[More >](#)

**Ready to ship**   **Payments received**   **Payments sent**   **Activity (including balance & fees)**

Dec 12, 2018	Purchase from tigerphones Completed	-\$269.98 USD
Nov 16, 2018	Payment to Wayfair LLC Completed	-\$383.23 USD
Nov 14, 2018	Purchase from Jos. A. Bank Clothiers, Inc. Completed	-\$178.00 USD
Nov 13, 2018	Order to Jos. A. Bank Clothiers, Inc. Completed	\$178.00 USD
Oct 26, 2018	Purchase from Jos. A. Bank Clothiers, Inc. Completed	-\$59.88 USD
Oct 25, 2018	Purchase from STRADE FAREAST LIMITED Completed	-\$4.96 USD
Oct 25, 2018	Purchase from STRADE FAREAST LIMITED Completed	-\$5.00 USD
Oct 20, 2018	Order to Jos. A. Bank Clothiers, Inc. Completed	\$59.88 USD
Oct 17, 2018	Purchase from Jos. A. Bank Clothiers, Inc. Completed	-\$87.95 USD
Oct 15, 2018	Order to Jos. A. Bank Clothiers, Inc. Completed	\$87.95 USD
Sep 26, 2018	Purchase from MY2 COMMERCE SDN.BHD. Completed	-\$39.85 USD

EXHIBIT 2

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Sep 5, 2018	<b>Purchase from Jos. A. Bank Clothiers, Inc. Completed</b>	-\$98.50 USD
Sep 3, 2018	<b>Order to Jos. A. Bank Clothiers, Inc. Completed</b>	\$98.50 USD
Aug 23, 2018	<b>Purchase from SZ TECHNOLOGY Completed</b>	-\$24.95 USD
Aug 13, 2018	<b>Purchase from Paul Fredrick Menstyle Inc. Completed</b>	-\$29.98 USD
Aug 11, 2018	<b>Order to Paul Fredrick Menstyle Inc. Completed</b>	\$29.98 USD
Jul 31, 2018	<b>Payment to Facebook Completed</b>	-\$9.25 USD
Jul 31, 2018	<b>Payment to Facebook Completed</b>	-\$5.10 USD
Jul 13, 2018	<b>Refund from Sewing Parts Online Completed</b>	\$15.84 USD
Jul 12, 2018	<b>Purchase from EPC Inc. - Las Vegas Completed</b>	-\$540.01 USD
Jul 10, 2018	<b>Purchase from Sewing Parts Online Refunded</b>	-\$15.84 USD
Jul 2, 2018	<b>Payment to Pharmapacks LLC. Completed</b>	-\$55.40 USD

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EXHIBIT 3

Facebook Account-

Mohammad Rana



Home Find Friends



Mohammad Rana

Update Info

Activity Log 11

Timeline

About

Friends 173

Photos

Archive

More

11 Items for you to review

### Intro

Add a short bio to tell people more about yourself.

Add Bio

Lives in Jackson Heights, New York

Followed by 96 people

Showcase what's important to you by adding photos, pages, groups and more to your featured section on your public profile.

Add to Featured

Add Instagram, Websites, Other Links

Create Post

Photo/Video

Live Video

Life Event



What's on your mind?

Photo/Video

Tag Friends

Feeling/Activ...

Posts

Manage Posts

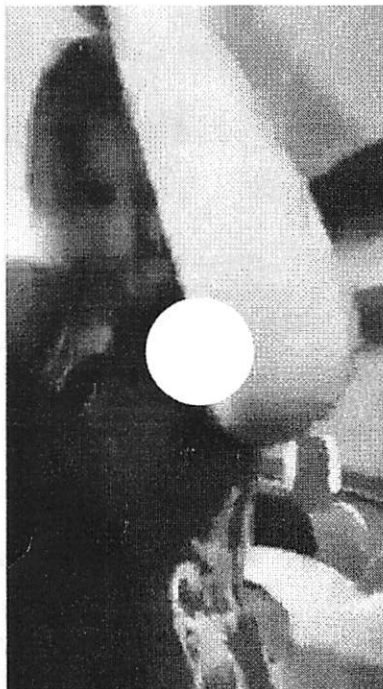
List View

Grid View



Mohammad Rana shared a post.

20 hrs ·



Mir Riaz Qureshi  
January 1, 2018

Follow

Chat (10)

EXHIBIT 3

20



1



A black and white photograph of a man in a gym. He is wearing a t-shirt with the word 'RUN' printed on it. He is standing behind a row of dumbbells, looking down at them. The gym has a large skylight on the ceiling and various exercise equipment in the background.



sponsored ·



Facebook © 2019

Chat (10)

EXHIBIT 4

QUARTERLY ST-100





Department of Taxation and Finance

Quarterly ST-100

# New York State and Local Quarterly Sales and Use Tax Return

Filing period

03/01/2018 - 05/31/2018

Sales tax identification number	41-2151252
Legal name	RANA TECHNOLOGY INC.
Mailing address	7062 BROADWAY JACKSON HTS, NY 11372-6134 US

Due date:

06/20/2018

You will be responsible for penalty and interest if your return is not submitted by this date.

**Business information changes**Final return ☒ Amended return ☐Has your responsible persons information changed? ..... Yes ☐ No ☒Has your business address or phone number(s) changed? ..... Yes ☐ No ☒

Is the income from this business being reported "under" the identification number shown above?

Enter the ID number of the entity reporting the income:  ..... Yes ☒ No ☐**Summary of business activity**

Gross sales (include all taxable and exempt sales but not sales tax) .....	42,137.00
Total non-taxables sales .....	15,965.00
Gross credit and debit card deposits .....	

**Return Summary**

Task	Net taxable sales & services	Net purchases subject to tax	Total net sales & use tax
Main form	26,172.00	0.00	2,322.77
	26,172.00	0.00	2,322.77

**Final return and out of business information**A ☒ **Business sold or discontinued**Sold ☐ Insolvent ☐ Deceased ☐ Dissolution ☒ Other ☐Did you change your business entity type (example: sole proprietor to partnership) ..... Yes ☐ No ☒Did you sell any business assets? ..... Yes ☐ No ☒

Last day of business (if applicable)	Date of sale	Sale price	Business sold
2018-05-31			In whole <input checked="" type="checkbox"/> In part <input type="checkbox"/>
Location of property			
Name and address of purchaser			
Was sales tax collected on any taxable items (furniture, fixtures, etc.) included in the sale? ..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

EXHIBIT 4 22

Page 2 of 3

Sales tax  
ID number 41-2151252

Quarterly ST-100

**Sales and use taxes by jurisdiction**Do you have anything to report on this main form for this period? ..... Yes ☒ No ☐

Taxable sales and services	Credits against taxable sales and services	Net taxable sales and services	Purchases subject to tax	Credits against purchases subject to tax	Net purchases subject to tax	X Tax rate	= Sales & use tax
NE 8081 New York City/State Combined Tax							
Over collected(\$):							
26,172.00	0.00	26,172.00	0.00	0.00	0.00	0.08875	2,322.77
<b>Column totals:</b>							
26,172.00	0.00	26,172.00	0.00	0.00	0.00		2,322.77
Total tax due from main form and schedules:*							2,322.77

\* Total tax due includes any over-collected amounts.

Page 3 of 3

Sales tax  
ID number 41-2151252

Quarterly ST-100

## Special taxes

Taxable receipts	Tax rate	Special taxes	Over collected	Total Special taxes due
Total special taxes:				

## Unclaimed credit

Credit for prepaid sales tax on cigarettes .....

Credit amount

## Vendor collection credit

Vendor collection credit (can not exceed \$200) .....

Credit amount

-116.14

Total tax due:

2,206.63

## Advance payments

Advance payments .....

Credit amount

0.00

Additional payments not shown above .....

0.00

Overpayment being carried forward from a prior period .....

0.00

Total advance payments:

0.00

## Pay penalty and interest

Taxpayer calculated penalty and interest .....

0.00

Total amount due:

2,206.63

Payment details (Account saved ☒)

Bank routing number 026013673	Payment method Pay from Bank Account
Bank name TD BANK NA	Payment for ST100
Bank account number XXXXXX7360	Payment date 06/08/2018
Account type Business Checking	Amount due 2206.63
Account holder RANA TECHNOLOGY INC	Payment amount 2206.63

## Transaction details

Confirmation number SW1800851660	Transaction date/time 06/08/2018 04:43PM
Tax professional ID XXX-XX-8033	Tax professional name BEST PROFESSIONAL SERVICES INC
Submitter phone (718)285-9494	Submitter e-mail BESTACCOUNTING786@GMAIL.COM
Submitted by IRFAN KHAN	

24

EXHIBITS

# EXHIBIT 6

Mohammed Rana Tax Return  
Shawing Spice Restaurant LLC.



Form	1040	Department of the Treasury—Internal Revenue Service (99) <b>U.S. Individual Income Tax Return</b>	2017	OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.																																																															
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning		, 2017, ending		, 20																																																															
Your first name and initial MOHAMMAD A		Last name RANA		<b>Your social security number</b> 103-72-8839																																																															
If a joint return, spouse's first name and initial SHAHANARA		Last name PARVIN		<b>Spouse's social security number</b> 094-47-5880																																																															
Home address (number and street). If you have a P.O. box, see instructions. 37-48 72ND STREET				Apt. no.																																																															
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). JACKSON HEIGHTS NY 11372				<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																																																															
Foreign country name		Foreign province/state/county		Foreign postal code																																																															
<b>Filing Status</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Single  2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)  3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ </div> <div style="width: 45%;"> 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)  If the qualifying person is a child but not your dependent, enter this child's name here. ▶  5 <input type="checkbox"/> Qualifying widow(er) (see instructions) </div> </div>																																																																			
<b>Exemptions</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .  b <input checked="" type="checkbox"/> Spouse . . . . .  c <b>Dependents:</b>  <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> </div> <div style="width: 25%;"> <b>Boxes checked on 6a and 6b</b>  <b>No. of children on 6c who:</b>  • lived with you  • did not live with you due to divorce or separation (see instructions)  <b>Dependents on 6c not entered above</b>  <b>Add numbers on lines above ▶</b> </div> </div>					(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																																						
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EXIT 6



Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.



Schedule E (Form 1040) 2017

Attachment Sequence No. 13

Page 2

Name(s) shown on return. Do not enter name and social security number if shown on other side.

MOHAMMAD A RANA &amp; SHAHANARA PARVIN

Your social security number

103-72-8839

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note:** If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. . . . . ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	SPICE RESTAURANT LLC	P	<input type="checkbox"/>	27-2799856	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				19,611.
B				
C				
D				
29a Totals				19,611.
b Totals				
30 Add columns (g) and (j) of line 29a . . . . .			30	19,611.
31 Add columns (f), (h), and (i) of line 29b . . . . .			31	( )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below . . . . .			32	19,611.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a . . . . .		35
36 Add columns (c) and (e) of line 34b . . . . .		36 ( )
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below . . . . .		37

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					39

**Part V Summary**

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . . . . .	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	19,611.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) . . . . .	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules . . . . .	43	





Department of Taxation and Finance

REV 11/17/17 PRO

**IT-201****Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning ... **17**  
and ending ...

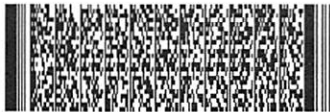
For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
MOHAMMAD	A	RANA	05051948	103728839
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
SHAHANARA		PARVIN	08071972	094475880
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence
37-48 72ND STREET				QUEENS
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
JACKSON HEIGHTS	NY	11372		QUEENS
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number
				519
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	NY			
Decedent information				

**A Filing status**

(mark an X in one box):

- ① ☐ Single
- ② ☒ Married filing joint return (enter spouse's social security number above)
- ③ ☐ Married filing separate return (enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

**B Did you itemize** your deductions on your 2017 federal income tax return? ..... Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 14) ..... Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 14) ..... Yes ☐ No ☐
- (2) Enter the amount ...

**D3** Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) ..... Yes ☐ No ☒**E (1)** Did you or your spouse maintain living quarters in NYC during 2017? (see page 14) .. Yes ☐ No ☐(2) Enter the number of days spent in NYC in 2017 (any part of a day spent in NYC is considered a day) ..... **F NYC residents and NYC part-year residents only (see page 14):**

- (1) Number of months you lived in NYC in 2017 .....
- (2) Number of months your spouse lived in NYC in 2017 .....

**G** Enter your 2-character special condition code(s) if applicable (see page 14) .....  **H Dependent exemption information (see page 15)**

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐

201001173555



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Page 2 of 4 IT-201 (2017)

Your social security number

103728839

REV 11/17/17 PRO

**Federal income and adjustments** (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	.00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	19611.00
12	Rental real estate included in line 11 .....	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15	.00
16	Other income (see page 15) Identify: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	19611.00
18	Total federal adjustments to income (see page 15) Identify: .....	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	19611.00

**New York additions** (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) .....	21	.00
22	<b>New York's</b> 529 college savings program distributions (see page 16) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	19611.00

**New York subtractions** (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	.00
26	Pensions of NYS and local governments and the federal government (see page 17) .....	26	.00
27	Taxable amount of social security benefits (from line 15) .....	27	.00
28	Interest income on U.S. government bonds .....	28	.00
29	Pension and annuity income exclusion (see page 18) .....	29	.00
30	<b>New York's</b> 529 college savings program deduction/earnings .....	30	.00
31	Other (Form IT-225, line 18) .....	31	.00
32	Add lines 25 through 31 .....	32	.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	19611.00

**Standard deduction or itemized deduction** (see page 20)

34	Enter your <b>standard deduction</b> (table on page 20) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	3561.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20) .....	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	3561.00

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Name(s) as shown on page 1  
MOHAMMAD A RANA AND SHAHANARA PARVIN

Your social security number  
103728839

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**Tax computation, credits, and other taxes**

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2) .....	<b>38</b>	3561.00
<b>39</b>	<b>NYS tax on line 38 amount</b> (see page 21) .....	<b>39</b>	143.00
<b>40</b>	<b>NYS household credit</b> (page 21, table 1, 2, or 3) .....	<b>40</b>	75.00
<b>41</b>	<b>Resident credit</b> (see page 22) .....	<b>41</b>	.00
<b>42</b>	<b>Other NYS nonrefundable credits</b> (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b>	<b>Add lines 40, 41, and 42</b> .....	<b>43</b>	75.00
<b>44</b>	<b>Subtract line 43 from line 39</b> (if line 43 is more than line 39, leave blank) .....	<b>44</b>	68.00
<b>45</b>	<b>Net other NYS taxes</b> (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b>	<b>Total New York State taxes</b> (add lines 44 and 45) .....	<b>46</b>	68.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>47</b>	<b>NYC resident tax on line 38 amount</b> (see page 22).....	<b>47</b>	110.00
<b>48</b>	<b>NYC household credit</b> (page 22, table 4, 5, or 6) .....	<b>48</b>	30.00
<b>49</b>	<b>Subtract line 48 from line 47</b> (if line 48 is more than line 47, leave blank) .....	<b>49</b>	80.00
<b>50</b>	<b>Part-year NYC resident tax</b> (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b>	<b>Other NYC taxes</b> (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b>	<b>Add lines 49, 50, and 51</b> .....	<b>52</b>	80.00
<b>53</b>	<b>NYC nonrefundable credits</b> (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b>	<b>Subtract line 53 from line 52</b> (if line 53 is more than line 52, leave blank) .....	<b>54</b>	80.00
<b>54a</b>	<b>MCTMT net earnings base</b> ....	<b>54a</b>	.00
<b>54b</b>	<b>MCTMT</b> .....	<b>54b</b>	.00
<b>55</b>	<b>Yonkers resident income tax surcharge</b> (see page 25) .....	<b>55</b>	.00
<b>56</b>	<b>Yonkers nonresident earnings tax</b> (Form Y-203) .....	<b>56</b>	.00
<b>57</b>	<b>Part-year Yonkers resident income tax surcharge</b> (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54b through 57) ..	<b>58</b>	80.00
<b>59</b>	<b>Sales or use tax</b> (see page 26; do not leave line 59 blank) .....	<b>59</b>	0.00

**Voluntary contributions** (see page 27)

<b>60a</b>	<b>Return a Gift to Wildlife</b> .....	<b>60a</b>	.00
<b>60b</b>	<b>Missing/Exploited Children Fund</b> .....	<b>60b</b>	.00
<b>60c</b>	<b>Breast Cancer Research Fund</b> .....	<b>60c</b>	.00
<b>60d</b>	<b>Alzheimer's Fund</b> .....	<b>60d</b>	.00
<b>60e</b>	<b>Olympic Fund (\$2 or \$4; see page 27)</b> .....	<b>60e</b>	.00
<b>60f</b>	<b>Prostate and Testicular Cancer Research and Education Fund</b> ..	<b>60f</b>	.00
<b>60g</b>	<b>9/11 Memorial</b> .....	<b>60g</b>	.00
<b>60h</b>	<b>Volunteer Firefighting &amp; EMS Recruitment Fund</b> .....	<b>60h</b>	.00
<b>60i</b>	<b>Teen Health Education</b> .....	<b>60i</b>	.00
<b>60j</b>	<b>Veterans Remembrance</b> .....	<b>60j</b>	.00
<b>60k</b>	<b>Homeless Veterans</b> .....	<b>60k</b>	.00
<b>60l</b>	<b>Mental Illness Anti-Stigma Fund</b> .....	<b>60l</b>	.00
<b>60m</b>	<b>Women's Cancers Education and Prevention Fund</b> .....	<b>60m</b>	.00
<b>60n</b>	<b>Autism Fund</b> .....	<b>60n</b>	.00
<b>60o</b>	<b>Veterans' Homes</b> .....	<b>60o</b>	.00
<b>60</b>	<b>Total voluntary contributions</b> (add lines 60a through 60o) .....	<b>60</b>	.00
<b>61</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60) .....	<b>61</b>	148.00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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Your social security number

103728839

62 Enter amount from line 61

62

148.00

**Payments and refundable credits** (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	125.00
69a	NYC school tax credit (rate reduction amount)	69a	6.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	131.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

Do not send federal Form W-2 with your return.

**Your refund, amount you owe, and account information** (see pages 31 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	.00		
78	Amount of line 77 to be refunded Mark one refund choice: <input type="checkbox"/> direct deposit to checking or savings account (fill in line 83) - or - <input type="checkbox"/> paper check	78	.00		
79	Amount of line 77 that you want applied to your 2018 estimated tax (see instructions)	79	.00		
79a	Amount of line 77 that you want as a NYS 529 account deposit (submit Form IT-195)	79a	.00		
80	Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input checked="" type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	17.00		
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32)	81	.00		
82	Other penalties and interest (see page 32)	82	.00		
83	Account information for direct deposit or electronic funds withdrawal (see page 33). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 33) <input type="checkbox"/>				
83a	Account type: <input checked="" type="checkbox"/> Personal checking - or - <input type="checkbox"/> Personal savings - or - <input type="checkbox"/> Business checking - or - <input type="checkbox"/> Business savings				
83b	Routing number	021000089	83c Account number	90591237	
84	Electronic funds withdrawal (see page 33)	Date	04122018	Amount	17.00

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 32 for payment options.

See page 35 for the proper assembly of your return.

Third-party designee? (see instr.)	Print designee's name	Designee's phone number	Personal identification number (PIN)
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IRFAN KHAN	( 718 ) 807-9391	
E-mail: BESTACCOUNTING786@GMAIL.COM			

Paid preparer must complete (see instructions)		Preparer's NYTPRN	NYTPRN excl. code
		10921079	
Preparer's signature	Preparer's printed name		
IRFAN KHAN	IRFAN KHAN		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		
BEST ACCOUNTING & TAX SERVICES	P00489356		
Address	Employer identification number		
7232 BROADWAY STE 303	260568033		
JACKSON HEIGH NY 11372-6360	Date		
	01022019		
E-mail: BESTACCOUNTING786@GMAIL.COM			

Taxpayer(s) must sign here	
Your signature	
Your occupation	
SELF EMPLOYED	
Spouse's signature and occupation (if joint return)	
HOUSE WIFE	
Date	Daytime phone number
	( )
E-mail:	

See instructions for where to mail your return.

201004173555



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EXHIBIT 7

Billu BARBER Filing Receipt  
Corporation

This Corporation is  
Now CLOSED

FILING RECEIPT

=====

ENTITY NAME: BILLU BARBER, CORP.

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS)

COUNTY: QUEE

=====

FILED:10/21/2009 DURATION:PERPETUAL CASH#:091021000487 FILM #:091021000450

FILER:

EXIST DATE

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MOHAMMAD A RANA  
S.S. ACCOUNTAX SERVICES INC  
PO BOX 580035  
FLUSHING, NY 11358

10/21/2009

ADDRESS FOR PROCESS:

-----

THE CORPORATION  
70-62 BROADWAY  
JACKSON HEIGHTS, NY 11372

REGISTERED AGENT:

-----

STOCK: 200 NPV

=====

SERVICE COMPANY: \*\* NO SERVICE COMPANY \*\*

SERVICE CODE: 00 \*

FEES 195.00  
-----  
FILING 125.00  
TAX 10.00  
CERT 0.00  
COPIES 10.00  
HANDLING 50.00

PAYMENTS 195.00  
-----  
CASH 0.00  
CHECK 195.00  
CHARGE 0.00  
DRAWDOWN 0.00  
OPAL 0.00  
REFUND 0.00

=====

DOS-1025 (04/2007)

Exhibit 7